

Flexi Direct Ltd

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Inspection report

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Date of inspection visit:
14 September 2022

Date of publication:
04 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Flexi Direct Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 2 people receiving this service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were protected from the risk of abuse and neglect and risks to people's health were assessed to reduce risks. There were enough staff to provide safe care to people in their homes.

Medicines were safely administered. Staff followed infection control policies and procedures, including COVID-19 guidance to reduce the risk of the spread of infection. Systems were in place to ensure that accidents and incidents were recorded and acted upon.

People had their needs assessed prior to receiving personal care. Staff were inducted effectively in to the service and trained. Staff received regular supervision to develop their roles. Where needed people were supported with their meals and to maintain a balanced diet. Referrals were made to other health and social care professionals as and when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were listened to and were able to make decisions about their care. Staff were kind, caring and respectful. Care was provided in a dignified and respectful way.

People received person-centred care. People were able to make choices about the way they wanted their care to be provided. A complaints policy and system was in place so that any complaints could be dealt with appropriately. People felt able to raise concerns with staff and management if needed.

The registered manager had a good understanding of the regulatory requirements of their role. People's feedback on the quality of care was sought. Relatives of people told us they felt the service was well managed, and communication was good. Systems were in place to monitor and check on all areas of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 25 February 2020 and this is the first inspection.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Flexi Direct Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan

our inspection.

During the inspection

We spoke with two relatives of people who used the service, the registered manager, and one staff member. We reviewed a range of records which included, care plans, risk assessments, recruitment information and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and neglect by trained staff. Relatives of people who used the service told us they felt their relatives were safely supported.
- Staff we spoke with understood safeguarding procedures, and knew how to report concerns if they need to. There had been no safeguarding incidents or alerts at the time of inspection.

Assessing risk, safety monitoring and management

- Risks that were present in people's lives had been assessed to ensure staff worked with them as safely as possible. This included assessments of things such as mobility, skin care and infection control.
- Risks were regularly reviewed and updated to ensure staff were working with the latest information about people's lives.

Staffing and recruitment

- There were enough staff working within the service to meet people's needs. Relatives we spoke with confirmed that staff were on time, and consistent. The registered manager also conducted care calls.
- Staff were recruited in a safe manner, and the appropriate checks were carried out, such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At the time of inspection, staff calls were being monitored by the registered manager via spot checks and checks with people and family members. There was no electronic call monitoring in place, although the registered manager had planned to implement one imminently, which would allow for accurate tracking of staff and call timings.

Using medicines safely

- People were supported safely to administer medicines. We saw that one person received support with topical medicine, and the correct medicine administration records (MAR) were used to ensure an accurate record was being kept. No other support with medicines was required at the time of inspection. A regular audit of MAR to place to ensure the support in this area was consistent.
- Staff received the appropriate training to enable them to support people safely in this area.

Preventing and controlling infection

- Relatives of people we spoke with told us staff wore gloves and masks whilst carrying out personal care.
- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.

- The provider had an infection prevention and control policy and staff were trained in this area.

Learning lessons when things go wrong

- The provider had processes in place to investigate and act on any incidents that could affect people's health and safety. Since the provider was registered, there had been no incidents or accidents occur within the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in detail before they started to receive a service. The registered manager had met with people and their families to identify their needs, and ensure the service was able to support them safely and effectively. Relatives we spoke with confirmed that staff were effective at meeting people's needs.
- People's protected characteristics were respected when care was planned; protecting them from the risk of discrimination.

Staff support: induction, training, skills and experience

- Staff received induction training before starting work. One staff member told us, "The training is very good, I feel confident in the job." Staff confirmed they were not asked to undertake any tasks they had not been trained for.
- Staff received regular supervision, and this included spot checks where the registered manager monitored all aspects of staff competency, including correct dress, PPE use, timeliness, and respecting people's privacy and dignity.

Supporting people to eat and drink enough to maintain a balanced diet

- The staff provided some people with support to prepare meals and drinks. Most people had the support of family members in this area, but when staff did support people, they felt confident in doing so. Staff we spoke with knew how to support people.
- Information about people's preferences and needs with their diets was recorded within care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff were aware of people's health needs, and worked alongside other professionals when required to ensure people's needs were met. For example, we saw that a referral made to physiotherapists for one person, to support with mobility issues.
- People's health conditions were monitored, and any significant changes were reported and acted on quickly to reduce the impact on people's health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent was sought when receiving personal care. Where people lacked the capacity to consent to aspects of their personal care, the provider followed the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. Relatives of people who were using the service told us they were happy with the way their relatives were supported, and thought that staff were kind and respectful. One relative said, "I observed the staff when they first started providing care to [name]. They were very good. It is important for [name] to get to know the staff and feel comfortable, and that is happening."
- The registered manager and staff all had good knowledge of the people they were supporting, and were able to tell us how they had built relationships with people and their family members.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their own care and making decisions if they were able to. Relatives we spoke with told us they were involved in the original care planning, and were kept informed and consulted with about changes. One relative said, "They [staff] keep me in the loop. Someone will call and let me know if there are any changes." Another relative said, "They [staff] listen to me, and understand what [name] needs."
- The registered manager regularly checked in with people and relatives to ensure their voices were heard.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, and relatives we spoke with confirmed this. We saw that care plans detailing people's care needs, had reminders to staff regarding privacy and dignity, for example, a reminder to close curtains when conducting personal care.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences ; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained clear guidance for staff on how to provide care in people's preferred way, and had information about people's likes and dislikes. For example, listing what a person liked on their toast, how someone preferred their tea, and what film characters a person liked.
- Relatives we spoke with confirmed that staff knew their relatives well, communicated with them effectively, and understood their preferences.
- People's needs were met, and care plans were kept up to date to ensure they reflected people's current requirements. For example, we saw that one person's care plan was reviewed each time they came out of hospital, to ensure any changes were recorded and implemented by staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of this requirement, and was able to provide documentation in different formats if and when required.

Improving care quality in response to complaints or concerns

- At the time of inspection, no complaints had been made. We saw that a complaints policy and procedure was in place ready for people to use if required.

End of life care and support

- There was no end of life care being delivered at the time of inspection. The registered manager knew what steps were required to deliver end of life care if required, including adequate training for staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had good knowledge and understanding of the people they were supporting, and knew them well. Relatives told us that they and their family members had a positive experience with the service.
- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "The registered manager is very supportive. I can call them any time and they assist me with whatever I need. It has been a very good company to work for."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their role and understood the needs of their staff team. The service was small but intended to grow. The registered manager had the systems in processes in place to grow the service and take on more care packages.
- Audits and checks were conducted by the registered manager to ensure any issues or concerns were found and improvement made as required. For example, we looked at audits of medication records and daily notes taken by staff after providing care. We saw that any issues were picked up on and actions were taken to improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged with and involved in their own service. Relatives told us they were regularly contacted for feedback by the registered manager, and were able to contact them easily.
- Care plans demonstrated that people's equality characteristics were considered and respected.

Working in partnership with others

- We saw that referrals were made to other health and social care professionals when required, to ensure people's needs were met.
- The registered manager was open and honest during the inspection, and receptive to feedback.